

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

FILED
RICHARD W. WAGEL
CLERK OF COURT

UNITED STATES DISTRICT COURT

for the

Southern District of Ohio

Civil Division

21 JAN 14 PM 4:24

U.S. DISTRICT COURT
SOUTHERN DIST OHIO
WEST DIV CINCINNATI

Melody F. Henry

Case No.

1821CV0031

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

J. McFARLAND

STEVEN T. MNUCHIN, Secretary
of Treasury

M.J. LITKOVITZ

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Melody Henry Davis
Street Address	6834 Sequoia Court
City and County	Mason, Warren County
State and Zip Code	Ohio, 45040
Telephone Number	(513) 252-5194
E-mail Address	mfhenry23@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Defendant No. 1

Name	Steven Mnuchin
Job or Title <i>(if known)</i>	Secretary of Treasury
Street Address	Treasury Building 1500 Pennsylvania Avenue, NW
City and County	Washington
State and Zip Code	DC 20220
Telephone Number	(202) 622-2000
E-mail Address <i>(if known)</i>	steven.mnuchin@treasury.gov

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Internal Revenue Service
Street Address	550 Main Street Room 6-403 Group 7525
City and County	Cincinnati, Hamilton County
State and Zip Code	OH 45202-5298
Telephone Number	(513) 976-6188

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law *(specify the federal law)*:



Relevant state law *(specify, if known)*:



Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
☐ Termination of my employment.
☒ Failure to promote me.
☐ Failure to accommodate my disability.
☐ Unequal terms and conditions of my employment.
☒ Retaliation.
☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

April 24, 2018; May 24, 2018; June 18, 2018 and June 18 - 2, 2018

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race I am an African American
☒ color I am black
☐ gender/sex _____
☐ religion _____
☐ national origin _____
☐ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
☐ disability or perceived disability *(specify disability)* _____

E. The facts of my case are as follows. Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

See attached copy of complaint filed with the Equal Employment Opportunity Commission. Additional, on September 20, 2018 I filed an EEOC complaint for annual appraisal rating and non-selection for 3 first level management positions. The complaint was amended on or about June 29, 2018 I amended to complaint to include harassment. There would be no need to file this fourth complaint if it were not for first of complaint of discrimination, Complaint #IRS-10-0648-F if it were not for the retaliation that occurred back in 2010 in the form of the wiretap on October 15, 2010, the retaliation in form of the felony charges along with the collusion among some management in the Cincinnati, Ohio office or the admonishment letter I would have not need to file this complaint.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date) June 15, 2018.

- B. The Equal Employment Opportunity Commission (check one):



has not issued a Notice of Right to Sue letter.



issued a Notice of Right to Sue letter, which I received on (date) _____.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):



60 days or more have elapsed.



less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

See attached statement of damages.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

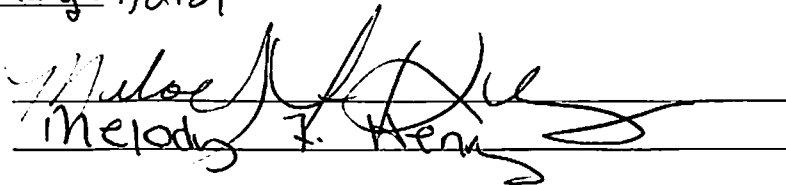
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: January 14, 2021

Signature of Plaintiff

Printed Name of Plaintiff


Melody F. Henry

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address


State and Zip Code

Telephone Number

E-mail Address

09/21/2018 1:33:44 AM -0400 IRS

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Form No. YDF 62-03.5 (11/12/2015 Edition)		DEPT OF THE TREASURY OFFICE OF CIVIL RIGHTS & DIVERSITY		For Office Use Only: Department Formal Case Number Filing Date	
		INDIVIDUAL COMPLAINT OF EMPLOYMENT DISCRIMINATION WITH THE DEPARTMENT OF THE TREASURY		RECEIVED SEP 20 2018 IRS-18-0666F Sept 20, 2018	
PART I: COMPLAINANT IDENTIFICATION					
1. Name					
Last Name Henry		First Name Melody		Middle Initial F	
2. Primary Contact Number (Include Area Code)					
Phone 513.252.5194		Best Time to Call: <input type="radio"/> Morning <input checked="" type="radio"/> Afternoon <input type="radio"/> Evening			
3. Preferred Email Address					
Email Melody.F.Davis@irs.gov					
4. Home Address (You must notify the Department of any changes of address or your complaint may be dismissed. Send updated information to: Office of Civil Rights and Diversity, Department of the Treasury, 1500 Pennsylvania Avenue NW, Washington, DC 20220.)					
Street Address 6834 Sequoia Court		City Mason		State Ohio	ZIP 45040
5. If you are a current or former employee of the Federal government, list your most recent title, series, and grade.					
Title Revenue Agent		Series 512		Grade 13	
6. Name and Address of Organization Where You Work (If a Treasury Employee)					
Bureau and Business Unit Department of Treasury Internal Revenue Service			Office and Organizational Component TEGE:EP		
Street Address 550 Main Street Room 5120 Group 7525		City Cincinnati		State OH	ZIP 45202
7. Employment Status in Relation to this Complaint:					
<input type="radio"/> Applicant <input type="radio"/> Probationary <input checked="" type="radio"/> Career/Career Conditional <input type="radio"/> Former Employee <input type="radio"/> Retired <input type="radio"/> Other: _____				Date Left Treasury Employment (if applicable) N/A	
PART II: DESIGNATION OF REPRESENTATIVE					
8. You may represent yourself in this complaint or you may choose someone to represent you. Your representative does not have to be an attorney. You may change your designation of a representative at a later date, but you must notify the department immediately in writing of any change, and you must include the same information requested in this Part.					
"I hereby designate _____ (Please Print Name) to serve as my representative during the course of this complaint. I understand that my representative is authorized to act on my behalf."					
9. Representative's Mailing Address					
Firm / Organization					
Street Address		City		State	ZIP
10. Representative's Employer (If Federal Agency)					
Employer					
11. Representative's Telephone/Email Address					
Phone		Email			

00028

Notice of Right to File
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PART III: ALLEGED DISCRIMINATORY ACTIONS

12. Name and Address of Treasury Bureau that took the action at issue (if different than item 6.)

Bureau and Business Unit

Department of Treasury Internal Revenue Service

Office and Organizational Component

TEGE:EP

Street Address

550 Main Street Room 5120 Group 7525

City

Cincinnati

State

OH

ZIP

45040

13. If your complaint involves nonselection for a position, please complete the below information. If you wish to allege more than one nonselection, list the same information for each additional nonselection under number 14.

Position

Revenue Agent

Series

512

Grade

13

Vacancy Announcement Number

18-CS2-TEM0351-0512-05-LB

Date Learned of Nonselection

April 24, 2018


14. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date when the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants; (D) Indicate what harm, if any, came to you in your work situation as a result of this action. (Evidence in support of your claim(s) should be provided to the investigator at a later stage. If you require more space to describe your allegations, please attach an additional page(s) to this form upon submission.)

1) On April 24, 2018 I received a 4.8 rating on my annual performance appraisal from my group manager Melissa Whelan, which I believe should have been a 5.0 rating. On May 1, 2018 I submitted a rebuttal to my performance appraisal, which was not considered in changing the narratives for her performance appraisal. I believe the lower rate is retaliation as a result of my prior EEOC complaints.

2) On May 24, 2018 I was not selected for Supervisory Internal Revenue Agent under announcement 18-CS2-TEM0351-0512-05-LB. I believe the nonselection is retaliation as a result of my prior EEOC complaints.

3) On June 18-June 22, 2018 I elevated to Management that I was subjected to harassment during my RCCMS Saba training class and it was not addressed. I believe the nonselection is retaliation as a result of my prior EEOC complaints.

4) On June 18, 2018 the CL discovered from an EO Agent that she was not selected for two Supervisory Internal Revenue Agent positions, Announcement 18CE1-TEM0237-0512-04-LA and Announcement 18CE1-TEM0239-0512-04-JD. I believe the nonselection is retaliation as a result of my prior EEOC complaints.

15. Mark below ONLY the bases you believe were relied on to take the actions described in #14.		
<input type="checkbox"/> Age (Date of Birth:)	<input type="checkbox"/> National Origin (Specify:)	
<input type="checkbox"/> Race (State Race: African American)	<input type="checkbox"/> Disability	
<input type="checkbox"/> Color (State Color:)	<input type="checkbox"/> Protected Genetic Information	
<input type="checkbox"/> Religion (State Religion:)	<input type="checkbox"/> Retaliation/Reprisal	
<input type="checkbox"/> Sex (<input type="checkbox"/> Male <input type="checkbox"/> Female)	(Date of Prior EEO Activity:)	
<input type="checkbox"/> Sex-Pregnancy <input type="checkbox"/> Sex-LGBT	<input type="checkbox"/> Parental Status	
16. What remedial or corrective action are you seeking to resolve this matter?		
1) Raise score to 5; 2&4) priority place for next FL Mgr. position; 3) provide Mgmt. sensitivity training		
PART IV: CONTACT		
17. When did the most recent discriminatory event occur?		
Date of Most Recent Event April 24, 2018, May 24, 2018 and June 18, 2018		
18. When did you first become aware of the alleged discrimination?		
Date of Awareness April 24, 2018		
19. When did you contact an EEO Counselor?		
Date of EEO Contact June 19, 2018		
Name of EEO Counselor Brenda L. McLaurin-Small		EEO Counselor Phone or Email 860.594.9001
20. Did you discuss all actions raised in Item 14 with an EEO Counselor?		
<input checked="" type="radio"/> Yes <input type="radio"/> No	(If no, please explain)	
21. When did you receive your Notice of Right to File?		
Date Received Notice September 6, 2018		
22. If you contacted an EEO Counselor more than 45 days after the most recent alleged discriminatory event, or if you are filing this form more than 15 days after receiving the Notice of Right to File, please provide an explanation for the delay below and attach additional supporting documentation if necessary.		
N/A		
23. On this same matter, have you filed a grievance or appeal under:		
Negotiated grievance procedure	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Agency grievance procedure	<input type="radio"/> Yes <input checked="" type="radio"/> No	
MSPB appeal procedure	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If you filed a grievance or appeal, provide date filed, case number, and present status.		
Date Filed	Case Number	Present Status
PART V: SIGNATURE		
24. I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge and belief.		
Signature of Complainant or Attorney Representative 		Date 09/21/2018
Digitally signed by QXKCB Date: 2018.09.21 00:55:30 -0400		

**Statement of Damages Re: Melody F. Henry v. Steven Mnuchin, Secretary,
Department of Treasury**

**TOTAL DAMAGES IS \$395,949.88, AMOUNT IS BROKEN DOWN
BELOW AS FOLLOWS:**

1.

AMOUNT DESCRIPTION

\$34,114.50	598.5 Retrieved hours need to be paid at \$55 per hour ¹
\$42,140.00	Legal Expenses Total
\$79,317.38	Medical Expenses Total
\$20,784.00	Compensatory damages for loss of wages ²
\$219,594.00	Punitive damages for pain and suffering (4 multiplied by [\$34,114.50 + \$20,784])

Total Amount for the Damages is \$395,949.88

Below please find the breakdown for the Hours and Level type, Legal expenses, and Medical Expenses:

A.

HOURS FOR ADMINISTRATIVE TIME WORKED & DENIED

Date	Hours	Level Type
03/23/2019	10.0	Administrative time worked and denied
03/24/2019	10.0	Administrative Time Worked and Denied
03/25/2019	5.0	Administrative Time Worked and Denied
	25.0	Total Administrative time worked and denied

¹ ACCUMULATED RETRIEVED HOURS AND LEVEL TYPE

<u>Hours</u>	<u>Level Type</u>
25.0 Hours	Administrative Time Worked and Denied Total
231.5 Hours	Annual Leave Total
106.0 Hours	Credit Hours Total
216.0 Hours	Sick Leave Total
20.0 Hours	Time Off Award Total
<u>598.5</u> Hours	Total hours to be retrieved

² Lost wages calculated from May 2018 at \$55.00 per hour.

B. HOURS FOR ANNUAL LEAVE

Date	Hours	Level Type
03/05/2018	5.5	Annual Leave
03/09/2018	7.0	Annual Leave
03/23/2018	3.0	Annual Leave
04/02/2018	8.0	Annual Leave
04/03/2018	8.0	Annual Leave
04/04/2018	8.0	Annual Leave
04/19/2018	6.0	Annual Leave
05/09/2018	4.0	Annual Leave
05/11/2018	7.0	Annual Leave
05/17/2018	8.0	Annual Leave
05/21/2018	2.0	Annual Leave
05/22/2018	8.0	Annual Leave
05/23/2018	8.0	Annual Leave
10/29/2018	8.0	Annual Leave
10/31/2018	4.0	Annual Leave
02/02/2019	4.0	Annual Leave
02/15/2019	3.0	Annual Leave
02/20/2019	1.0	Annual Leave
02/21/2019	3.0	Annual Leave
04/22/2019	8.0	Annual Leave
05/10/2019	6.5	Annual Leave
05/17/2019	8.0	Annual Leave
05/31/2019	7.0	Annual Leave
06/03/2019	8.0	Annual Leave
06/10/2019	8.0	Annual Leave
07/19/2019	8.0	Annual Leave
07/22/2019	4.0	Annual Leave
07/25/2019	2.0	Annual Leave
07/26/2019	1.5	Annual Leave
08/15/2019	1.5	Annual Leave
08/16/2019	8.0	Annual Leave
08/19/2019	8.0	Annual Leave
09/11/2019	8.0	Annual Leave
09/20/2019	8.0	Annual Leave

HOURS FOR ANNUAL LEAVE CONTINUED

Date	Hours	Level Type
10/10/2019	3.5	Annual Leave
11/08/2019	4.0	Annual Leave
01/14/2020	1.0	Annual Leave
01/15/2020	8.0	Annual Leave
01/21/2020	8.0	Annual Leave
01/27/2020	7.0	Annual Leave
	231.5	Annual Leave Total

C. HOURS FOR CREDIT HOURS³

Date	Hours	Level Type
03/05/2018	2.5	Credit Hours
03/23/2018	2.5	Credit Hours
04/16/2018	1.5	Credit Hours
05/10/2018	4.0	Credit Hours
05/11/2018	1.0	Credit Hours
10/03/2018	6.0	Credit Hours
10/29/2018	5.0	Credit Hours
11/30/2018	3.0	Credit Hours
12/07/2018	1.0	Credit Hours
12/20/2018	0.5	Credit Hours
02/04/2019	8.0	Credit Hours
02/05/2019	4.0	Credit Hours
02/06/2019	8.0	Credit Hours
02/15/2019	5.0	Credit Hours
02/22/2019	4.0	Credit Hours
03/01/2019	2.0	Credit Hours
03/13/2019	8.0	Credit Hours
03/14/2019	8.0	Credit Hours
03/15/2019	8.0	Credit Hours
04/04/2019	0.5	Credit Hours
04/11/2019	1.0	Credit Hours
04/26/2019	2.0	Credit Hours
05/09/2019	0.5	Credit Hours
05/24/2019	6.0	Credit Hours
07/10/2019	2.5	Credit Hours
07/11/2019	4.0	Credit Hours
10/24/2019	1.5	Credit Hours
10/25/2019	1.0	Credit Hours
11/08/2019	4.0	Credit Hours
01/27/2020	1.0	Credit Hours
	106.0	Total Credit hours

³Credit hours are additional time worked beyond an employee's tour of duty.

D. HOURS FOR SICK LEAVE

Date	Hours	Level Type
02/20/2018	8.0	Sick Leave
02/26/2018	8.0	Sick Leave
03/19/2018	4.0	Sick Leave
03/20/2018	8.0	Sick Leave
03/21/2018	8.0	Sick Leave
03/23/2018	8.0	Sick Leave
04/16/2018	2.5	Sick Leave
05/21/2018	6.0	Sick Leave
05/24/2018	4.0	Sick Leave
05/25/2018	8.0	Sick Leave
06/07/2018	3.0	Sick Leave
06/13/2018	4.5	Sick Leave
09/07/2018	1.0	Sick Leave
11/01/2018	2.0	Sick Leave
01/30/2019	8.0	Sick Leave
01/31/2019	8.0	Sick Leave
02/01/2019	8.0	Sick Leave
02/20/2019	0.5	Sick Leave
02/22/2019	3.5	Sick Leave
03/25/2019	3.0	Sick Leave
03/27/2019	8.0	Sick Leave
04/08/2019	3.5	Sick Leave
04/11/2019	1.0	Sick Leave
04/15/2019	8.0	Sick Leave
04/18/2019	8.0	Sick Leave
05/09/2019	1.5	Sick Leave
05/14/2019	0.5	Sick Leave
05/29/2019	2.0	Sick Leave
06/04/2019	0.5	Sick Leave
06/17/2019	2.0	Sick Leave
07/01/2019	2.0	Sick Leave
07/08/2019	8.0	Sick Leave
07/10/2019	4.0	Sick Leave
07/11/2019	4.0	Sick Leave

HOURS FOR SICK LEAVE CONTINUED

07/17/2019	1.0	Sick Leave
07/22/2019	4.0	Sick Leave
07/24/2019	8.0	Sick Leave
08/05/2019	1.0	Sick Leave
08/23/2019	4.0	Sick Leave
09/06/2019	2.0	Sick Leave
09/10/2019	8.0	Sick Leave
09/30/2019	2.0	Sick Leave
10/04/2019	2.0	Sick Leave
10/10/2019	4.0	Sick Leave
10/24/2019	2.5	Sick Leave
11/04/2019	2.0	Sick Leave
11/18/2019	1.0	Sick Leave
11/22/2019	1.0	Sick Leave
12/05/2019	6.5	Sick Leave
12/16/2019	2.0	Sick Leave
01/13/2020	2.0	Sick Leave
01/14/2020	4.0	Sick Leave
	216.0	Sick Leave Total

E. HOURS FOR TIME OFF AWARD⁴

Date	Hours	Level Type
03/18/2019	8.0	Time Off Award
03/19/2019	8.0	Time Off Award
03/20/2019	4.0	Time Off Award
	<u>20.0</u>	Time Off Award Total

⁴An incentive award for the purpose of increasing employee productivity and creativity by rewarding their contributions to the quality, efficiency, or economy of Government operations.

MEDICAL EXPENSES CONTINUED

Date	Account	Amount	Name
04/23/2012	50075532	\$225.00	UC Health
05/02/2012	50266680	\$225.00	UC Health
05/07/2012	50284240	\$225.00	UC Health
05/14/2012	50477105	\$225.00	UC Health
05/21/2012	50475547	\$225.00	UC Health
06/09/2012	61952055	\$111.00	UC Health
12/29/2012	65470458	\$110.00	UC Health
02/21/2016	70335972	\$338.00	UC Health
02/21/2016	69442848	\$338.00	UC Health
02/21/2016	69368564	\$274.00	UC Health
02/21/2016	69424847	\$435.00	UC Health
02/21/2016	70335978	\$335.00	UC Health
02/22/2016	70335988	\$178.00	UC Health
02/22/2016	69439720	\$263.00	UC Health
02/22/2016	70335986	\$263.00	UC Health
08/31/2017	76636962	\$129.00	UC Health
08/31/2017	76708300	\$294.00	UC Health
02/21/2016	40607752	\$11,299.15	(UC Health West Chester Hospital)
08/31/2017	41006068	\$4,013.25	(UC Health West Chester Hospital)
04/12/2019	41810279	\$4,500.25	(UC Health West Chester Hospital)
04/17/2014	100002082364	\$7,355.03	(Bethesda North Hospital Emergency Room)
04/20/2014	100002086988	\$1,949.47	(Bethesda North Hospital Emergency Room)
04/30/2014	100021168999	\$4,556.92	(Bethesda North Hospital Emergency Room)
08/18/2015	100002448993	\$721.00	(Bethesda North Hospital Emergency Room)
11/10/2015	100003721302	\$776.00	(Bethesda North Hospital Emergency Room)
06/12/2016	100004390270	\$1,220.94	(Bethesda North Hospital Emergency Room)
07/08/2017	100005691571	\$1,319.20	(Bethesda North Hospital Emergency Room)
03/20/2018	100006260572	\$395.42	(Bethesda North Hospital Emergency Room)
03/23/2018	100006269871	\$3,045.01	(Bethesda North Hospital Emergency Room)
05/20/2018	600002607795	\$22.00	(Bethesda North Hospital Emergency Room Ansari Asimul HAQ)
05/20/2018	100006439316	\$7,990.32	(Bethesda North Hospital Emergency Room)
03/12/2019	100007370563	\$395.42	(Bethesda North Hospital OB/OBS)
01/15/2019		\$125.00	Next Step Therapeutics

MEDICAL EXPENSES CONTINUED

Date	Account	Amount	Name
02/14/2019		\$125.00	Next Step Therapeutics
03/14/2019		\$125.00	Next Step Therapeutics
04/09/2019		\$125.00	Next Step Therapeutics
05/09/2019		\$125.00	Next Step Therapeutics
06/04/2019		\$125.00	Next Step Therapeutics
07/01/2019		\$125.00	Next Step Therapeutics
08/02/2019		\$125.00	Next Step Therapeutics
09/05/2019		\$125.00	Next Step Therapeutics
10/04/2019		\$125.00	Next Step Therapeutics
11/01/2019		\$125.00	Next Step Therapeutics
12/04/2019		\$125.00	Next Step Therapeutics
01/08/2020		\$125.00	Next Step Therapeutics
04/11/2019		\$235.00	Sound Mind
05/09/2019		\$235.00	Sound Mind
05/29/2019		\$235.00	Sound Mind
07/09/2019		\$235.00	Sound Mind
08/05/2019		\$235.00	Sound Mind
09/06/2019		\$235.00	Sound Mind
10/04/2019		\$235.00	Sound Mind
11/04/2019		\$235.00	Sound Mind
12/04/2019		\$235.00	Sound Mind
01/13/2020		\$235.00	Sound Mind

Medical Expenses Total**\$79,317.38**

G. LEGAL EXPENSES

Date	Name	Amount	Purpose
2011	Freking & Betz	\$16,000.00	Representation for complaint 1
2013	Withman Law Office	\$2,000.00	Representation for felony acquisition
2013	Benjamin, Yocum & Heather, LLC	\$11,365.00	Representation for complaint 2
2020	Legal Services	\$12,775.00	Legal Services for EEOC Matter

Legal Expenses Total \$42,140.00